

Under the Paperwork Reduction Act of 1985, no persons are required to respond to a collection of information unless it displays a valid OMB control number. U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE, OMB 0651-0037

PATENT APPLICATION FEE DETERMINATION RECORD

Substitute for Form P10-875

Application of Dock / Number

10/633125

APPLICATION AS FILED - PART I

(COLUMN 1)

(Continue ?)

SMALL ENTITY

CIR

OTHER THAN
SMALL ENTITY

LARGE ENTITY		SMALL ENTITY		
FOR	NUMBER FILED	NUMBER CLAIMS	RATE (\$)	FEE (\$)
BASIC FEE (37 CFR 1.16(a) (1) or (2))				
SEARCH FEE (37 CFR 1.16(a) (3) or (4))				
EXAMINATION FEE (37 CFR 1.16(b) (1) or (4))				
TOTAL CLAIMS (37 CFR 1.16(f))	50 claims, 20 :		x 25 =	
INDEPENDENT CLAIMS (37 CFR 1.16(h))	3 claims, 3 :		x 100 =	
APPLICATION SIZE FEE (37 CFR 1.16(i))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(C) and 37 CFR 1.16(j).			
MULTIPLE DEPENDENT CLAIMS PRESENT (37 CFR 1.16(j))				
TOTAL				

* If the difference in column 1 is less than 200, enter 0 in column 2.

APPLICATION AS AMENDED - PART II

AMENDMENT A

CLAIMS		PAID		TOTAL	
DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT
7/29/06	50		50		
	3		3		
TOTAL PAID \$103.00					

SMALL ENTITY

en

OTHER THAN
SMALL ENTITY

RATE (\$)	ADDITIONAL FEE (\$)
25	
100	

OR

RATE (\$)	ADDITIONAL FEE (\$)
50	
200	

AMENDMENT B

CLEARING PERMITS		CUTTING PERMITS		CUTTING PERMITS	
DATE	LOCATION	DATE	LOCATION	DATE	LOCATION
10/1/00	10/1/00	10/1/00	10/1/00	10/1/00	10/1/00
10/2/00	10/2/00	10/2/00	10/2/00	10/2/00	10/2/00
10/3/00	10/3/00	10/3/00	10/3/00	10/3/00	10/3/00
10/4/00	10/4/00	10/4/00	10/4/00	10/4/00	10/4/00
10/5/00	10/5/00	10/5/00	10/5/00	10/5/00	10/5/00
10/6/00	10/6/00	10/6/00	10/6/00	10/6/00	10/6/00
10/7/00	10/7/00	10/7/00	10/7/00	10/7/00	10/7/00
10/8/00	10/8/00	10/8/00	10/8/00	10/8/00	10/8/00
10/9/00	10/9/00	10/9/00	10/9/00	10/9/00	10/9/00
10/10/00	10/10/00	10/10/00	10/10/00	10/10/00	10/10/00
10/11/00	10/11/00	10/11/00	10/11/00	10/11/00	10/11/00
10/12/00	10/12/00	10/12/00	10/12/00	10/12/00	10/12/00
10/13/00	10/13/00	10/13/00	10/13/00	10/13/00	10/13/00
10/14/00	10/14/00	10/14/00	10/14/00	10/14/00	10/14/00
10/15/00	10/15/00	10/15/00	10/15/00	10/15/00	10/15/00
10/16/00	10/16/00	10/16/00	10/16/00	10/16/00	10/16/00
10/17/00	10/17/00	10/17/00	10/17/00	10/17/00	10/17/00
10/18/00	10/18/00	10/18/00	10/18/00	10/18/00	10/18/00
10/19/00	10/19/00	10/19/00	10/19/00	10/19/00	10/19/00
10/20/00	10/20/00	10/20/00	10/20/00	10/20/00	10/20/00
10/21/00	10/21/00	10/21/00	10/21/00	10/21/00	10/21/00
10/22/00	10/22/00	10/22/00	10/22/00	10/22/00	10/22/00
10/23/00	10/23/00	10/23/00	10/23/00	10/23/00	10/23/00
10/24/00	10/24/00	10/24/00	10/24/00	10/24/00	10/24/00
10/25/00	10/25/00	10/25/00	10/25/00	10/25/00	10/25/00
10/26/00	10/26/00	10/26/00	10/26/00	10/26/00	10/26/00
10/27/00	10/27/00	10/27/00	10/27/00	10/27/00	10/27/00
10/28/00	10/28/00	10/28/00	10/28/00	10/28/00	10/28/00
10/29/00	10/29/00	10/29/00	10/29/00	10/29/00	10/29/00
10/30/00	10/30/00	10/30/00	10/30/00	10/30/00	10/30/00
10/31/00	10/31/00	10/31/00	10/31/00	10/31/00	10/31/00

1. NAME	4. DOB
2. ADDRESS	5. PHONE
3. CITY	6. STATE
7. ZIP	8. GENDER
9. RACE	10. ETHNICITY
11. RELIGION	12. OCCUPATION
13. EDUCATION	14. MARITAL STATUS
15. PARENTS	16. SIBLINGS
17. CHILDREN	18. PETS
19. HOBBIES	20. SPORTS
21. TRAVEL	22. VEHICLES
23. EMPLOYMENT	24. INCOME
25. CREDIT	26. DEBT
27. ASSETS	28. LIABILITIES
29. NET WORTH	30. FINANCIAL GOALS
31. RISK TOLERANCE	32. INVESTMENT HISTORY
33. TAX STATUS	34. ESTATE PLANNING
35. PROBATE	36. TRUSTS
37. WILL	38. POWER OF ATTORNEY
39. HEALTH CARE	40. ADVANCE DIRECTIVES
41. MENTAL HEALTH	42. SUBSTANCE USE
43. ADDICTIONS	44. MEDICATIONS
45. SURGERIES	46. HOSPITALIZATIONS
47. PHYSICIANS	48. SPECIALTIES
49. TESTS	50. TREATMENTS
51. PREVENTIVE CARE	52. VACCINATIONS
53. SCREENINGS	54. GENETIC TESTING
55. ORGAN DONATION	56. SURGICAL HISTORY
57. ANESTHESIA	58. ALLERGIES
59. CHRONIC CONDITIONS	60. ACUTE CONDITIONS
61. INJURIES	62. TRAUMAS
63. SURVIVAL	64. RECOVERY
65. QUALITY OF LIFE	66. SUPPORT SYSTEM
67. SOCIAL NETWORK	68. COMMUNITY INVOLVEMENT
69. VOLUNTEERING	70. CHARITABLE GIVING
71. PHILANTHROPY	72. POLITICAL ACTIVISM
73. RELIGIOUS BELIEFS	74. SPIRITUALITY
75. MORAL VALUES	76. ETHICAL DECISIONS
77. LEGAL OBLIGATIONS	78. FINANCIAL RESPONSIBILITIES
79. TAX OBLIGATIONS	80. ESTATE PLANNING
81. PROBATE	82. TRUSTS
83. WILL	84. POWER OF ATTORNEY
85. HEALTH CARE	86. ADVANCE DIRECTIVES
87. MENTAL HEALTH	88. SUBSTANCE USE
89. ADDICTIONS	90. MEDICATIONS
91. SURGERIES	92. HOSPITALIZATIONS
93. PHYSICIANS	94. SPECIALTIES
95. TESTS	96. TREATMENTS
97. PREVENTIVE CARE	98. VACCINATIONS
99. SCREENINGS	100. GENETIC TESTING

1

RATE (\$)	ADDITIONAL FEE (\$)
0 - 2	
2 - 4	
TOTAL RENTAL FEE	

[illegible]